

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2012
NAME OF PROVIDER OR SUPPLIER MCMINN MEMORIAL NURSING HOME & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, TN 37331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained. The findings include: Observation on January 9, 2012 at 11:45 a.m. revealed one (1) penetration above the ceiling at the fire doors located near the wheelchair storage closet.</p>	K 025	<p>K 025</p> <p>The observed penetration above the ceiling at the fire doors located near the wheelchair storage closet was sealed on January 9, 2012 at 11:55 AM. On January 10, 2012 the maintenance department began an inspection of all walls considered smoke barriers to determine if other penetrations existed. The inspection revealed no additional penetrations that required additional sealing. All internal and external construction and maintenance workers are informed of the need to seal any penetrations that are made to complete their work in a nursing home. The Director of Maintenance or his designee will inspect work is completed above the ceiling and semi-annually thereafter.</p>	2/1/2012	
K 047 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exit signs are displayed at all required exits. The findings include:</p>	K 047			

LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Robert A. Pelcher</i>	<i>Administrator</i>	<i>2/8/2012</i>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FEB 09 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2012
NAME OF PROVIDER OR SUPPLIER MCMINN MEMORIAL NURSING HOME & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, TN 37331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 047	Continued From page 1 Observation on January 9, 2012 at 11:50 a.m. revealed no exit sign installed above the exit door leading out of the courtyard.	K 047	K047 Two exit signs were ordered and received during the week of January 23, 2012. Both exit signs were installed and made operational by February 1, 2012 in the outdoor courtyards to direct patients, residents, visitors, and staff out of the courtyard into the facility to access one of the exits from the building.	2/1/2012	

FEB 09 2012